

Creating Multiple Stories

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ABSTRACT

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This research project addresses oppressive societal expectations placed on LGBTQ communities to conform to the dominant heteronormative society, which constrains LGBTQ individuals to a singular story. It also presents the art therapist's multiple interconnected identities and her active role in challenging the concept of "the single story" (Adichie, 2009) for both LGBTQ participants, art therapists, and herself. The paper uses a feminist heuristic framework to address the questions: How do I understand my role as a non-LGBTQ artist-art therapist-activist when working with people from LGBTQ communities? Further, how can the artist-art therapist-activist paradigm support my future work with LGBTQ communities? Results include a deeper awareness of my obligations and role as an ethical art therapist, a recognition of the overlaps between the roles of art therapist and activist, further knowledge about the impacts of heteronormative and homophobic oppression, and the increase of my own multicultural competencies when working with members from LGBTQ communities.

Keywords: artist, art-therapist, activist, LGBTQ, societal oppression

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Figure 1. Give me another eye. Oil pastel and chalk pastel. This figure illustrates my wish to expand my role of art therapist beyond its usual definition.

Introduction

"The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story" (Adichie, 2009).

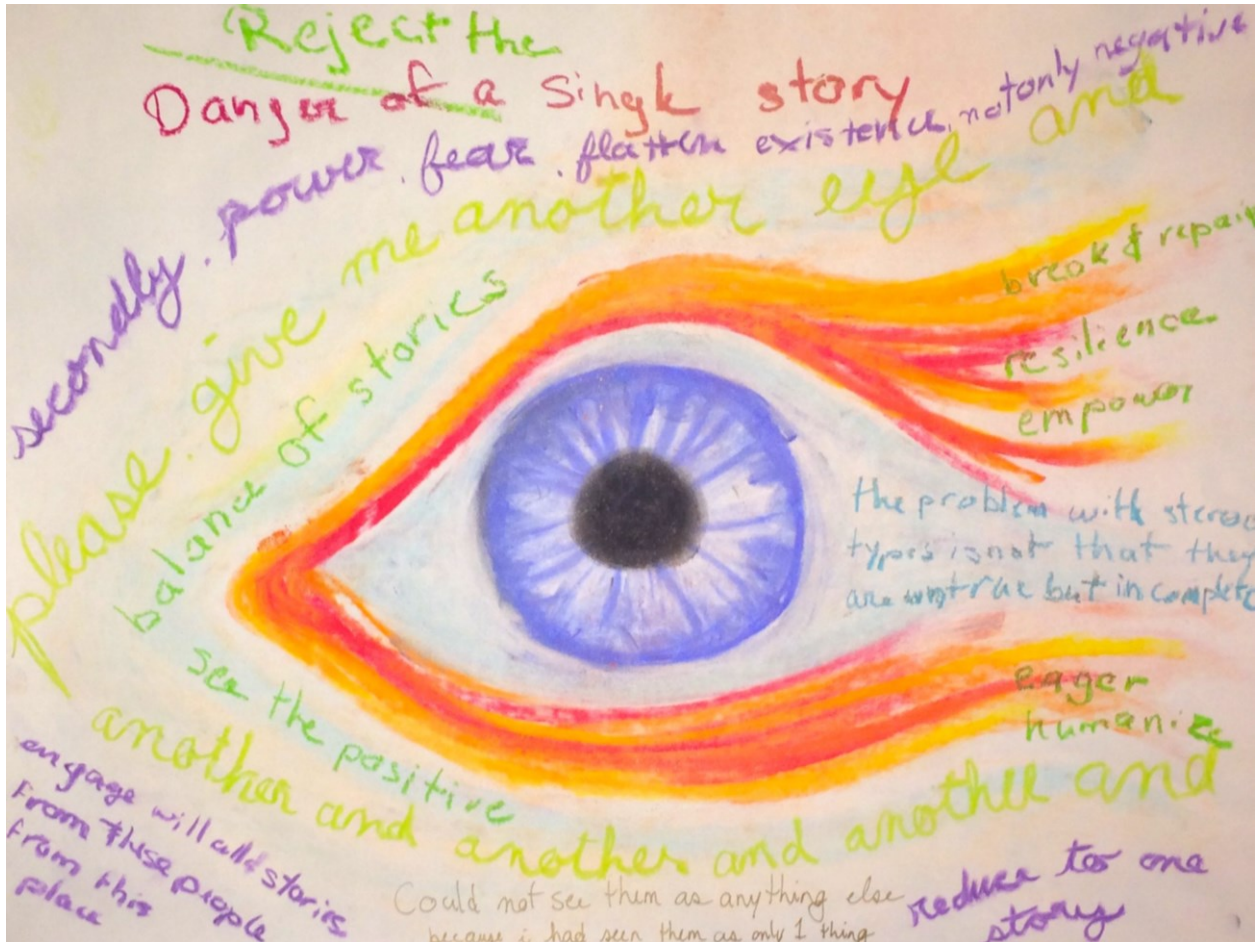


Figure 1. Give me another eye. Oil pastel and chalk pastel. This figure illustrates my wish to expand my role of art therapist beyond its usual definition.

This paper is about the danger of the single story. Dominant culture imposes a singular story on many oppressed and marginalized people, including women, lesbian, gay, bisexual, transexual and queer (LGBTQ) communities, people with mental health challenges, people of colour, people who practice minority religions, people with disabilities, people with low incomes, people who are homeless, people who are young, people who are older and numerous other minority social groups. These singular stories simplify diverse life experiences, values and

beliefs, and create prejudice and discrimination against minority social groups by imposing a sole truth about their identity.

The aim of this research project is to uncover the danger of telling one story, drawing on the experiences of LGBTQ people who belong to multiple diverse communities. Adichie (2009) describes the consequences of perpetuating only one truth: "It robs people of dignity. It makes our recognition of our equal humanity difficult. It emphasizes how we are different rather than how we are similar" (Adichie, 2009). The consequence of heteronormativity renders heterosexuality as normal and privileged, while homosexuality is seen as abnormal (Casey, 2009). The pressure to function in our heteronormative society results in prejudices for LGBTQ individuals, which can negatively impact their mental health (Harper et al., 2013). Adichie (2009) also calls attention to the oppression and abuse of power that happens when dominant social groups have the power to "tell the story of another person, [and] to make it the definitive story of that person" (Adichie, 2009). Heterosexual people often impose a singular story on LGBTQ individuals, only acknowledging their sexual orientation even though they occupy multiple identities in society. Through my role as an art therapist, I seek to challenge the concept of "the single story" (Adichie, 2009) in relation to both LGBTQ participants and art therapists. Through this heuristic research process, I hope to find multiple stories that enable me to integrate my roles as an artist, art therapist, and activist when working with LGBTQ individuals.

This research project will focus on sexual orientation and does not cover the equally important exploration of prejudice against gender nonconforming people. Although transphobia will not be addressed here, the LGBTQ acronym that includes "T" for trans communities will be used to acknowledge trans communities' frequent exclusion from common discourse.

I had the opportunity to work with LGBTQ participants throughout my graduate studies practicum work. Throughout this process, I witnessed the negative impact of *heteronormativity* and *homophobia* on my clients' lives. Heteronormativity refers to the idea that people should conform to society's imposed principle of heterosexuality and comply with standards of masculinity or femininity (Harper et al., 2013). Homophobia is "an aversion, fear, hatred, or intolerance of individuals who are lesbian, gay, bisexual, queer, or questioning or of things associated with their culture or way of being" (Harper et al., 2013, p. 41). The LGBTQ participants who worked with me worried about how acknowledging their sexual orientation might threaten their relationships with friends and family. They expressed concerns about

homophobia diminishing their job opportunities and advancement. Some participants were also worried about their physical safety. While listening to the participants' struggle to belong to different spheres of society (e.g. school, work, family, friends, community), I learned that heteronormativity and homophobia resulted in very serious "economic, emotional, physical and psychological consequences" (American Psychological Association [APA], 2012) for LGBTQ individuals.

The experience from my practicum led me to question the efficacy of traditional therapy for addressing systemic issues faced by LGBTQ people. *Systemic oppression* is "the ways in which history, culture, ideology, public policies, institutional practices, and personal behaviors and beliefs interact to maintain a hierarchy" granting privileges to dominant groups to the detriment of minority groups (Open Source Leadership Strategies, n.d.). I felt uncomfortable supporting participants' attempts at adapting and conforming to unfair heterosexist expectations. In a society where heterosexuality is superior and homosexuality is immoral, LGBTQ people are asked to fit into a world that was made for heterosexual people. I felt the injustice of this singular story of heteronormativity. Rather than helping my participants better fit into this oppressive society, I formed a strong desire to challenge the unjust belief systems against LGBTQ people.

My work with LGBTQ participants led me to recognize the need for advocacy within the therapeutic setting, as well as the importance of activism outside the traditional therapeutic frame. While my education trained me to inhabit the roles of artist and art therapist, no focus was given to the activist's role. My training did not address the therapeutic cultural competencies needed to work with members from LGBTQ communities or other groups experiencing societal oppression. I wanted to use my tools as an artist and art therapist to challenge heteronormativity and foster social change. To do this, I drew a connection between the single story expected of art therapists and LGBTQ individuals alike, and sought ways to acknowledge their diverse realities.

Research Question

Through heuristic research, I seek to address the questions: How do I understand my role as a non-LGBTQ artist-art therapist-activist when working with people from LGBTQ communities? Further, how can the artist-art therapist-activist paradigm support my future work

with LGBTQ communities? I hope that this research will expand my vision of the single story, define my role as an artist-art therapist-activist, and enhance my multicultural competencies for working with members from LGBTQ communities.

Defining the Artist, Art Therapist, Activist

To embark on the project of adding "activist" to my existing practice as an artist and art therapist, I will first explore my own definition of each role.

Based on my studies and personal experience, I understand the artist to be somebody who expresses her soul through a creative process. The artist expresses elements of her essence or core through art's creative release.

Through my studies and art therapy practicum work, I understand the art therapist as someone who accompanies and supports a participant in their therapeutic journey and the creative expression of their soul. This process aims at increasing a sense of well-being, and improving social, physical, psychological and spiritual health. I also believe that our role as art therapist extends beyond the therapeutic setting. In order to offer effective and lasting therapeutic support, an art therapist must also address the systemic oppression that affects our clients outside of our sessions. It is here that I see a possible integration for activist and therapist roles.

My education as an artist and art therapist did not prepare me to take on the role of activist, so I will continue to develop a definition of the activist throughout my investigations in this paper. I will explore ways of being an activist that stray from the general conception of activists as agitators. This heuristic inquiry will identify the concept of art therapy as related activism and the integration of activism within my own practice. The definition of the activist will be shared in the *Results* section of this paper.

Methodology

Situating Myself as a Researcher

The American Art Therapy Association's (AATA) *Art Therapy Multicultural/Diversity Competencies* (2011) asks therapists to think about how their cultural backgrounds impact their work as therapists. For this reason I will situate myself and acknowledge the privileges and biases that will influence this research. I am a thirty-one year old cisgender feminist woman, who is Caucasian, heterosexual, and educated. I was raised in a Québécois, French speaking middle-income, non-practicing Catholic home. As a Québécois person whose family has lived in

Québec for multiple generations, I do not have the experience of immigration and never needed to adapt to a new culture. My race, ethnicity, sexual orientation, gender identity, national origin, religion, and language of origin place me in many dominant social groups. I also belong to minority groups through my gender, age, and current income level.

Growing up, I was exposed to many preconceived notions about people on the basis of their race, gender, sex, and cultural differences. My family valued traditional gender roles, which means I experienced many gender-based expectations and limitations. I felt the pressure to perform a singular story about my gender. At times, I felt oppressed within my own family and society. Further details are beyond the scope of this research paper, but it suffices to say that these experiences have influenced my worldview and my interest in problematizing the concept of the single story.

My present inquiry is driven by witnessing other people's gendered and sexual marginalization and my own negative experiences with gendered norms. This fuels my interest in creating awareness and acknowledging multiple perspectives in gender and sexuality. I agree with Chimamanda Ngozi Adichie, who warns about the tendency of the singular story to segregate people and advocates, instead, that we recognize people's multiple stories (Adichie, 2009).

Feminist Theory

This paper will be situated within a feminist framework. Women are considered a minority group due to conditions of gender inequality. Statistics Canada (2008, 2011) report that women make less money than men who have the same level of education, and occupy fewer managerial positions. Women are more likely than men to be victims of forcible confinement, kidnapping or abduction and criminal harassment, and the rate of police-reported sexual assault against women is more than 10 times the rate for men.

Expanding from these conditions of gendered inequality, feminist theory applies to other forms of marginalization by identifying historical "use and abuse of power" (Talwar, Iver, & Doby-Copeland, 2004, p. 46). Feminist methodology treats personal issues as being interconnected with systemic oppression, and emphasizes empowering individuals through actively changing society (Halifax, 2003).

Art therapists could not properly service the LGBTQ population in an adequate, competent, and ethical manner without a clear understanding of sexual orientation, homophobia,

and heterosexism (Addison, 2003). Feminist research, which seeks to address all forms of power imbalances and inequities (Brayton, Ollivier, & Robbins, n.d.), is a pertinent methodology for this research project, which aims to support my art therapy work with LGBTQ participants.

Throughout the text, I use the feminine gender pronoun. Although academia habitually uses the male pronoun to represent all genders, I have chosen to engage in a small act of activism to highlight the ways in which our society prioritizes men and treats maleness as default. This paper will thus use "she and her" as the default pronouns, a fitting move for the art therapy profession, which is mostly populated by women (Talwar, 2003).

Heuristic Research

Alongside the feminist research framework, this paper will employ the heuristic research methodology. Sela-Smith (2002) conceptualizes heuristic research as an opening of the self that "can impact the individual, society, and all of humankind" (p. 85). She states that "the world we have jointly created [may be] a mirror of our collective internal tacit knowledge," (p. 86) therefore acknowledging the interconnectedness of internal and external worlds.

The focus of heuristic research begins with the individual's own experience. The data comes from within the individual, and her task is to discover the meaning of her interior experiences. The heuristic process is a way of knowing through perceptions, senses, and intuition. Tacit knowledge, which accesses the "internal place where experience, feeling, and meaning join together to form both a picture of the world and a way to navigate that world," is essential to the heuristic process (Sela-Smith, 2002, p. 60). Self-search, self-dialogue, and self-discovery illuminate the connection between tacit knowledge and consciousness (Moustakas, 1990).

Moustakas (1990) describes six main phases involved in heuristic inquiry: initial engagement, immersion, incubation, illumination, explication, and creative synthesis. The researcher's journey centers on a personal lived experience. Douglass and Moustakas (1985) explain that although the research is really about the "I", there is also a dialogue between the exterior (community) and the interior (individual). "At the heart of heuristics lies an emphasis on disclosing the self as a way of facilitating disclosure from others— a response to the tacit dimension within oneself sparks a similar call from others" (p. 50). Sela-Smith (2002) shares a similar view, writing that one's self-enlightenment journey should inspire others to achieve the

same individual awareness, which then creates a new collective conscience that drives societal change.

Data and Data Collection

My research uses three different sources of data: LGBTQ narratives found online, journals and books about LGBTQ issues, and my artistic responses to this material.

Emihovich (2005) maintains that reading "autobiographical, narrative, or journalistic accounts" (p. 308) of people from different cultures can increase cultural competency and empathy. Google, TED talks, Netflix and youtube helped me access thirty narratives of LGBTQ people. These narratives introduced me to the lives of LGBTQ individuals, activists, and artist-activists. I used the following combination of search terms: "LGBTQ", "art", "activism", "art activism", "stories", "oppression", "stigma". Following the recommendation from my supervisor, who has extensive clinical and personal experience with LGBTQ communities, I consulted LGBTQ organizations with substantial web presence, such as Egale Canada and the It Gets Better project. Many of those resources had web links and reference lists that connected me to other resources.

I used the Concordia University art history, creative arts therapies, history, psychology and sociology databases to search for "stigma", "oppression", "LGBTQ", "artist", "art therapist", "activist", "community", "DSM", "LGBTQ history", "LGBTQ laws", "social action". I also used Google scholar and Amazon to find additional sources. I examined over two hundred entries.

My own artistic responses to the research material was another source of data in this research. Art responses are used as personal and professional tools of self-awareness in self-care, clinical work, training, and supervision (Fish, 2012). The power of the image is used as a flexible tool for creating a dialogue with the self and revealing tacit knowledge. My artistic responses helped me process new information about LGBTQ communities and how the authors of that information viewed their roles as artists, art-therapists, and activists. I also used stream of consciousness writing and art responses to better understand the information I was consuming. I used pencil crayons, coloured makers, ink, watercolor, chalk, and oil pastels on different sizes of white paper. Some of my art pieces also included cut outs from magazines. The imaginary museum exhibit boxes (*Stereotypes, When Stupidity Meets Ignorance, Share your Coming Out Stories, Create an Art Response, Resources, and Missing Room?*), which will be explored in more detail below, were made with foam board that was bought for this particular project. The

rest of the materials, such as pamphlets, brochures, post-it notes, fabric, wire and various styles of magazines (sporting, traveling, women, gay, home decoration, and fashion) were all materials that I had at home.

Data Analysis

To understand my obligations and role as an ethical art therapist, I coded my data using the *Art Therapy Multicultural/Diversity Competencies* document (AATA, 2011), a supplementary document to the American Art Therapy's Code of Ethics (2013). According to the document, art therapists who practice in a culturally competent manner should: 1. be aware of their "personal values, biases, and assumptions" (Code I), 2. have "knowledge of clients' worldviews" (Code II) and 3. "develop and/or implement appropriate interventions, strategies, and techniques with sensitivity to language, religion, and biculturalism" (Code III). The above categories were used to code my art responses linking them to AATA's ethical concerns.

To understand my desired role as an artist-art therapist-activist, I also coded my artistic responses using Hocoy's (2007) *Art Therapy as A Tool for Social Change* Conceptual Model. My artwork was organized into Hocoy's social action implications for art therapist, which consists of: 1. analyzing our own biased psyches to prevent it from perpetuating inequalities to participants and the community at large, 2. recognizing the importance of broadening the therapeutic work through an empowering dialogue with the greater community to counteract social inequalities, and 3. acknowledging that the self and the other are interconnected. My art making process and my interpretations of the finished art pieces used *a priori* coding (Taylor & Gibbs, 2010), using both AATA Multicultural Competencies (2011) and Dan Hocoy's (2007) Social Change Model as coding categories.

LGBTQ

Definitions

This paper will use definitions put forth by the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies (ALGBTIC) (Harper et al., 2013). Before proceeding, I would like to acknowledge that although many people find labels helpful for developing identity, recognizing difference, and addressing needs, others in the same communities find labels oppressive (Ferguson, 2015; Fraser & Waldman, 2003). Choosing to define oneself through common terminologies for sexual identity can be empowering, but only when the process is self-directed. Ferguson (2015) explains that "when it comes to sexual and

romantic orientation, labels are descriptive and not prescriptive. They should describe our identity — not prescribe who we're attracted to" (How Labels Can Be Harmful section, para. 1). This paper will refer to definitions to enhance communication between the reader and the author. However, since this paper hopes to encourage multiple stories, it is imperative to acknowledge that these categories are not exhaustive and that many people define themselves differently from the terminologies delineated here.

Harper et al., (2013) define *lesbian* and *gay* people as women or men "who [are] emotionally, physically, mentally, and/or spiritually oriented to bond and share affection" (p. 42) with people of the same gender. Additionally, *gay* can be used as an umbrella term for people who identify as LGBTQ (Harper et al., 2013). *Bisexual* refers to "a man or woman who is emotionally, physically, mentally, and/or spiritually oriented to bond and share affection with men and women" (p. 39). *Transgender* or *trans* is "an umbrella term used to describe people who challenge social gender norms, including genderqueer people, gender-nonconforming people, people who are transsexual, crossdressers and so on" (p. 43). *Queer* usually relates "to individuals who identify outside of the heteronormative imperative and/or the gender binary," and could also indicate "a political identity as one who is committed to advocacy/activism for LGBTQIQ rights" (p. 42). *Queer* is also used as an umbrella term for anyone who identifies outside of the dominant heterosexual paradigm. People with multiple sexual orientations may choose to identify as *queer*. It is important to mention that while *queer* was once used as a derogatory term by people outside the LGBTQ community, it has now been reclaimed by many within this community: it can be seen as a positive term when used properly and with respect (Harper et al., 2013).

Microaggressions are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups" (Nadal, Skolnik, & Wong, 2012, p. 59). In LGBTQ contexts, microaggressions are outcomes of homophobic and heterosexist systems of oppression.

History of LGBTQ in the Mental Health Field

This section briefly situates the medical profession's pathological views towards LGBTQ people. Over time, physicians and mental health practitioners have changed their conceptualizations of homosexuality. Karl-Maria Kertbeny, a Hungarian physician, was the first

to propose the term homosexual in 1869 (Stein, 2001). He described homosexuality as a natural sexual desire between persons of the same sex, and believed it to be an innate and fixed trait. This view was contradictory to many other theories at the time, which described homosexuality as a genetic coding error, an interruption in heterosexual development, or a psychopathology that highlighted sexual illness or dysfunction (Stein, 2001).

The diagnosis of homosexuality was introduced in the mental health field without proper evidence or research (Mayes & Horwicz, 2005). The Diagnostic and Statistical Manual of Mental Disorders (*DSM-I*), one of the most influential texts in the field of psychology, first categorized homosexuality as a sexual deviation in 1952. This definition was upheld by the *DSM-II* (1968), and was informed by the prejudice against homosexual practices held by the APA and the society at the time. Shortly after the *DSM-II* was introduced, gay activists confronted the APA's definition of homosexuality as sexual deviance, arguing that definition of mental health disorders in the *DSM* was based upon "public opinion, social constructions of deviance, and political pressure" as opposed to scientific research (Stein, 2001; Mayes & Horwicz, 2005, p. 258). Moreover, one of the requirements for the diagnosis was "distress or generalized impairment in social effectiveness or functioning as a result of the condition," and many people do not experience this level of distress or impairment as a consequence of their homosexuality (Stein, 2001, p. 6902). These factors led to the removal of homosexuality per se from the *DSM* in 1973. In 1975, the APA urged mental health professionals to work towards fighting not homosexuality, but rather the stigma attached to homosexuality and mental illness (Conger, 1975, p. 633). The Council of Representatives and the Board of Directors of the APA disapproved any type of discrimination based upon sexual identity, acknowledging the civil and legal rights of LGBTQ people and demanding "the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private" (Conger, 1975, p. 633). From 1975 onward, the APA has taken an activist stance, maintaining that heterosexuality was not the only story worth valuing.

The decision to remove homosexuality from the list of mental disorders was contentious and led to the creation of a *Sexual Orientation Disturbance* category. Homosexual individuals who were "either disturbed by, in conflict with, or wish to change their sexual orientation" were classified as mentally troubled (Stein, 2001, p. 6902). In *DSM-III* (1980), *sexual orientation disturbance* was replaced by *Ego-Dystonic Homosexuality*. This diagnosis implied that

individuals would report nonexistent or feeble heterosexual arousal that would "significantly interfere with initiating or maintaining wanted heterosexual relationships" and that homosexual arousal would be qualified by the individual as an undesired and "persistent source of distress" (as cited in Lief & Kaplan, 1986, p. 259). This diagnosis, until its removal from the *DSM* in 1986, was used as an alternative to the original homosexuality diagnosis (Cabaj, 2009). The *DSM-IV* (1994) substituted *ego-dystonic homosexuality* with the diagnosis of *Sexual Disorder Not Otherwise Specified*, for individuals who have a "persistent and marked distress about one's sexual orientation" (Silverstein, 2009, p. 161).

The diagnosis of homosexuality and any references to sexual orientation as a mental health disorder were removed only recently, through the release of the *DSM-V* (2013). In the same manual, a section titled *Other Conditions that may be a Focus of Clinical Attention* speaks about environmental factors and systemic oppression that negatively impact clients, namely "social exclusion or rejection" (Z60.4) and "target of (perceived) adverse discrimination or persecution" (Z60.5). This section includes bullying, intimidation, verbal attacks, humiliation and discrimination based on sexual orientation, and could be of interest for professionals working with LGBTQ individuals as it relates to heteronormative practices and discrimination that impact LGBTQ people's general well-being (DSM-5, 2013, Section 2). These issues will be further explored in the *Societal Oppression Towards LGBTQ People* section below.

The pathological status of homosexuality in the history of mental health professions extends beyond the *DSM*. Aversion therapy was widely used in an attempt to alter homosexual desires through behavioural conditioning involving electric or chemical shocks or sensitizing to heterosexual arousal or desensitization of homosexual arousal (Jordan & Deluty, 1995; Lief & Kaplan, 1986). Though no proper evidence pointed to the effectiveness of these methods, aversion therapy was widely used by therapists in the 1960s and 1970s, a practice in line with attitudes toward homosexuality in the *DSM* and society at large. This method declined in the 1980s and 1990s, after research showed that identifying with one's sexual desires led to healthier psychological well-being. While these techniques are now deemed psychologically harmful and they have been condemned by the American Psychological Association (1998), they are still practiced by some therapists. Recently, Ontario passed the Affirming Sexual Orientation and Gender Identity Act (2015) that rendered illegal therapy "that seeks to change the sexual orientation or gender identity of a person under 18 years of age" (29.1). The law also prohibits

insurance coverage for conversion therapy administered to people over 18. Currently, there is no law condemning mental health professionals from providing conversion therapy in Québec.

Microaggression

In spite of positive mental health and legal reforms, there are practitioners in the mental health field who continue to consider homosexuality as an abnormal condition (Casey, 2009). Even though the mental health profession currently advocates gay-affirmative therapy that promotes healthy sexual identity (Harper et al., 2013), unconscious heterosexist microaggressions—such as stereotypical assumptions about LGBTQ participants, expression of heteronormative bias or avoidance and minimization of sexual orientation issues—continue to harm LGBTQ clients seeking therapeutic support.

Microaggressions result from a therapist's personal unchallenged biases, which can leave participants feeling "uncomfortable, confused, powerless, invisible, rejected, and forced or manipulated to comply with treatment" despite good intentions from the therapist (Shelton & Delgado-Romero, 2011, p. 217). These negative experiences could terminate or lengthen the therapeutic process, as participants begin to question the efficacy of the process or require additional sessions to overcome the issue (Shelton & Delgado-Romero, 2011). Unchallenged microaggressions are at odds with ethical practices presented by the AATA (2011), which urge therapists to acknowledge personal values, biases, and assumptions to prevent such discriminatory and unethical interventions. Questioning one's beliefs about LGBTQ individual allows the therapist to start recognizing her participants' and her own multiple stories.

Societal Oppression Towards LGBTQ People

Culturally competent practitioners must "possess specific knowledge and information about the particular group with which they are working" (AATA, 2011, Code IIB, para.1). They must also be aware of different forms of societal oppression at the community, global, and political levels (AATA, 2011). It is essential for ethical therapists to understand the everyday pressures experienced by LGBTQ people who live in heterosexist environments (Harper et al., 2013; Logan & Barret, 2006). "Lesbians and gay men are defined and categorized as 'other' by a dominantly heterosexual society and this sense of 'outsidership' is likely, to some degree at least, to be embodied in the issues which are brought to therapy" (Fraser & Waldman, 2003, p. 76). This section outlines some of the ways in which society's single story of heteronormativity negatively impacts LGBTQ people's health.

Discrimination at work. Québec was the first province to include sexual orientation in its Human Rights Code in 1977, which made discrimination against LGBTQ people in housing, public accommodation, and employment illegal (CBC News, 2012). Nevertheless, LGBTQ people often suffer from economic disadvantages and discrimination—for example, being fired or denied a promotion, given a negative performance evaluation, receiving unequal pay and benefits—on the basis of their sexual orientation (Badgett, Lau, Sears, & Ho, 2007). Being dismissed or undervalued because of one's orientation is not only traumatic; it can also lead to poverty, which could contribute to further mental health issues.

LGBTQ people also face stress about identity disclosure in the workplace. Although it has been acknowledged that openly sharing one's sexual orientation results in better mental health outcomes, LGBTQ individuals often decide to hide their sexual identity at work in order to protect themselves from actual or anticipated discrimination. Hiding one's identity requires constant vigilance about sharing information, maintaining a separation between personal and work lives, coping with feelings of dishonesty and invisibility, isolation from social and professional collegial networks and support, and burnout (Fassinger, 2008). Living under the pressure to "stay in the closet" can cause reduced performance or chronic stress, resulting in negative health outcomes and mental health problems (Collins & Callahan, 2012).

Discrimination in family of origin. People from LGBTQ communities can experience discrimination at home as well as at work. Support from peers and family when coming out is central to psychological well-being (Casey, 2009). There is a positive correlation between sexual identity integration and social support (Rosario, Schrimshaw, & Hunter, 2011). As parents adapt to the new reality of having an LGBTQ child, their initial response can fluctuate considerably (Bregman, Malik, Page, Makynen, & Lindahl, 2013). Therefore, a negative family response may shift from an initial stress-inducing position to that of an accepting position of support, thus fostering identity integration and mental well-being over time. If the family is already comfortable with homosexual identity even before their child has disclosed their identity, the child is more likely to have a better self-acceptance and increased global self-worth (Bregman et al., 2013; Elizur & Ziv, 2001). On the other hand, the complete rejection of the child's homosexual identity by the family can result in a higher risk for potential mental health issues, homelessness and lower self-esteem (Bregman et al., 2013). Homelessness in itself can lead to even higher risks factors like suicide, depression, traumatic stress, and sexual abuse (Dyck,

2012). Many LGBTQ people create chosen families in order to supplement the support they may not be receiving from their biological families (Elizur & Mintzer, 2003; Elizur & Ziv, 2001).

Bullying at school. In recent years, bullying in schools that target LGBTQ youth has become a major concern in Canada. Québec passed the *Act to prevent and deal with bullying and violence in schools* (2012), which defines bullying as "any direct or indirect behavior, comment, act or gesture" that is "intended to injure, hurt, oppress, intimidate or ostracize" (Section 13, 1.1). Actions done through the use of social media and cyberbullying are also included in this definition. A national survey of Canadian high school students by Taylor and Peter (2011) showed that seventy percent of LGBTQ youth heard derogatory expressions/comments such as *that's so gay*, *dyke*, *fag*, *lezbo* or *homo* from peers at school on a daily basis. One in ten LGBTQ students also stated having heard homophobic vocabulary from teachers on a daily or weekly basis. Sexual minority students expressed having been verbally (55%), physically (21%) or sexually (between 33% and 49%) harassed or assaulted based on their sexual identity within the last year. More than two-third of LGBTQ students reported feeling unsafe at school, which often leads to absenteeism. Cooper and Blumenfeld (2012) state that these hostile environments consequently lead to higher incidences of mental health issues, such as anxiety from concealing one's sexual identity, social alienation, lower self-esteem, depression, isolation, suicidal ideation and suicidal attempt. The presence of both bullying and cyberbullying lead to even higher incidences of depressive symptoms, self-injury, suicidal ideation, suicide attempt and suicide attempt with medical treatment (Kessel, Schneider, O'Donnell, Stueve, & Coulter, 2012). Maladaptive coping strategies such as high-risk behaviors or substance use can be developed during such distressing times to alleviate feelings of oppression (Olsen, Kann, Vivolo-Kantor, Kinchen, & McManus, 2014). By not condoning this violence, students, parents, adults in the school environment and in the community escalate and perpetuate discrimination against LGBTQ youth and further reinforces heteronormative social norms.

Assisted reproductive technologies and parenting. Childbearing and childrearing can be demanding for anyone who desires to become a parent, but a greater challenge awaits LGBTQ individuals who want to have genetically related children (Tarasoff, Epstein, Green, Anderson & Ross, 2014). Homosexual individuals or couples who desire a genetic bond with their offspring are constrained to use assisted human reproduction (AHR) or assisted reproductive technologies

(ART) services. ART service providers usually presume that their clients are heterosexual and inflict microaggressions and discrimination upon their homosexual clients (Tarasoff et al., 2014). The lack of concern and understanding of LGBTQ AHR specific needs can lead to more mental health issues for homosexual people (Tarasoff et al., 2014).

Further prejudices can occur once LGBTQ individuals or couples have children (Herek, 2010). Studies have show that LGBTQ parents are just as adequate and skillful caregivers as their heterosexual counterparts (Herek, 2010). Nonetheless, LGBTQ parents are often considered to have lower parenting skills than heterosexual parents, and children raised by homosexual parents are thought to have mental health and social adjustment issues. These false assumptions further ostracize homosexual individuals and couples who seek assistance from AHR or ATR services.

Hate crimes. Hate crimes are defined by Statistics Canada (2006) as: "criminal offences that are motivated by hate towards an identifiable group. These types of offences are unique in that they not only affect those who may be specifically targeted by the perpetrator, but they often indirectly impact entire communities" (para. 2).

Statistics Canada (2013) report that sexual orientation is the third most common motivation for hate crimes. Sixteen percent of hate crimes are committed due to homophobia, and sixty-six percent of these crimes involved violent offences. Statistics on hate crimes underrepresent their frequency, since victims have many reasons not to report these crimes, driven by fear of unsatisfactory outcomes, secondary victimization or an overly time consuming process (Herek, Cogan, & Gillis, 2002).

These bias-motivated attacks are usually perpetuated by male strangers in public gay-identified locations, and explicit statements as to why the offence is being committed are made by the offenders (Herek et al., 2002). As a result of these attacks, LGBTQ individuals come to perceive their sexual identity as negative, harmful and shameful (Herek & Garnets, 2007; Herek, Gillis, & Cogan, 1999) and that being visibly LGBTQ is unsafe (Herek et al., 2002). Hate crimes challenge the victim's sense of self, leading many to believe that they deserve such ill treatment, and enhance internalized homophobia (Herek & Garnets, 2007; Herek et al., 1999). These feelings contribute to a lower sense of personal mastery and heightened psychological distress, resulting in symptoms of depression, traumatic stress, anxiety and anger (Herek & Garnets, 2007; Herek et al., 1999; Herek et al., 2002).

Internalized homophobia. Internalized homophobia can be defined as the: "experience of negative attitudes toward one's own sexual orientation. The construct includes negative global attitudes toward homosexuality, discomfort with disclosure of sexual orientation to others, disconnectedness from other LGB[Q] individuals, and discomfort with same-sex sexual activity" (Newcomb & Mustanski, 2010, p. 1020). A high level of internalized homophobia often results in the concealing of one's sexual orientation. Concealing one's sexual orientation can cause "guilt, shame, negative self-view, and social isolation," which can lead to depression and anxiety that is expressed by "hypervigilance, preoccupation, and social avoidance" (Newcomb & Mustanski, 2010, p. 1022). Other mental health issues arising from hiding one's sexual identity include low self-esteem, psychological distress, decrease in relationship quality and career development (Szymanski, Kashubeck-West, & Meyer, 2008).

Mental health problems emerging from internalized homophobia can be attributed to the tension between integrating one's homosexual identity with one's wish to belong (King & Smith, 2004, p. 968). This reveals the importance of fighting the single story of heteronormativity that many LGBTQ people have internalized. Mental health professionals working with LGBTQ people need to challenge the superiority of heterosexuality and support their clients with the shame of internalized homophobia.

LGBTQ as a social determinant of health

Research suggests that it is the experience of discrimination, rather than an individual's sexual orientation, that negatively impacts mental health (Rutherford et al., 2012). LGBTQ people's stress over repeated experiences of discrimination, is often the result of hostile and violent heterosexist environments (Casey, 2009; Rutherford et al., 2012). More specifically, stressful events commonly experienced by LGBTQ people—such as rejection, ridicule, and victimization—have been associated with poor psychological adjustment (Rosario et al., 2011). Although issues that LGBTQ people present in therapy (e.g. depression, anxiety, substance abuse, trauma, low self-esteem, suicidal thoughts) are usually similar to those of their heterosexual counterparts, their source, gravity, and recurrence tend to differ (Casey, 2009). While not all LGBTQ clients seek therapy for mental health issues presented above, these daily injustices may impact the presenting problem that brings participants to therapy (Addison, 2003).

If the common lived experiences of LGBTQ people are not known to the therapist, they can cause great impediment in the satisfaction and success of therapy (Addison, 2003) and the

therapist will inevitably cause microaggressions towards LGBTQ participants. Therefore, therapists need to have an understanding of society's imposed single story of heterosexuality and acknowledge LGBTQ individuals multiple identities.

The CASS model. Although there are many sexual identity developmental models, this paper will outline the CASS model, because it is commonly used in mental health services in Montreal. For example, the McGill University Sexual Identity Clinic, one of the specific mental health resources for LGBTQ individuals in Montreal, uses the CASS model to inform its work (J. Bleuer, personal communication, July 15, 2015). This model is in no way descriptive of all LGBTQ identity development experiences and does not intend to confine people's experiences to a single story, but rather offers a way to understand one frame for sexual identity development.

The CASS model has six stages: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis (Cass, 1979). They are often described as a sequence but could be experienced in different orders, with some stages revisited more than once. The *identity confusion* stage refers to the disturbing feelings that a person could experience when they first discover homosexual feelings. The individual might accept, deny, or reject this new identity. The *identity comparison* stage confronts the general impact of identifying as LGBTQ. One must deal with the possibility of social estrangement, isolation, and self-alienation. The *identity tolerance* stage recognizes one's identity as LGBTQ and pursues connection with other members of the LGBTQ community to counteract the isolation previously experienced. The *identity acceptance* stage entails an improved respect for one's new identity, which leads to stronger connections with LGBTQ communities. The private and public self are now assessed in accordance with this new non-normative sexual identity. The *identity pride* stage results in affirmations of the LGBTQ identity to other people. Dichotomized views of heterosexual and homosexual experiences about sexual identities need to be recognized and accepted. The *identity synthesis* stage points to integrating the homosexual self as not one's sole identity, but simply one part of a person's entire self. Throughout these stages, there can be feelings of judgment, denial, rejection, splitting, anger, shame, internalized homophobia, grief, and loss as well as more positive feelings such as acceptance and trust.

Identity integration is at the core of psychological well-being. Rosario et al. (2011) mention that it is critical to examine the existence of a supportive or stressful social context. This context may promote or inhibit sexual identity development. An increased integrated

commitment to a recently discovered gay identity is associated with better psychological adjustment (Bregman et al., 2013). However, those who have only recently initiated gay identity development may be at greater risk for poor psychological adjustment as it takes time to accept this newly discovered identity (Rosario et al., 2011). LGBTQ people with a fragile gay identity, report the highest levels of distress and the lowest self-esteem (Rosario et al., 2011). Current heteronormative views inhibit LGBTQ individuals from fully attaining identity integration causing further psychological maladjustments.

Frable, Wortman, and Joseph (1997) write that LGBTQ individuals, throughout their lives, are always presented with the choice of "whether, when, where, and how" (p. 603) to disclose their sexual identity. Further, research shows that the level of 'outness' experienced by LGBTQ individuals is linked to good mental health. By having access to a wide social network (Casey, 2009), LGBTQ individuals are prepared to integrate a positive identity while rejecting negative stereotypes supported by society (King & Smith, 2004). Although having a positive gay identity is a good predictor of positive self-perceptions, "avoiding stigmatizing experiences and lessening one's visibility are also direct paths to positive self-perceptions" (Frable et al., 1997, p. 620).

Junge (2007) argues that "it is all too often the individual who feels shamed, blamed, and guilty when it is the culture that constrains" (p. 51). While psychosocial services work with individuals, they must acknowledge the distinct *social* conditions experienced by LGBTQ people and provide services accordingly.

Art Therapy as Activism; Conceptual Models

As I learn about the oppression faced by LGBTQ people, I have come across other art therapists who work with these realities and have conceptualized models to fight single stories.

Hocoy - Art Therapy as a Tool for Social Change

Art therapist Dan Hocoy (2007) argues that art therapists who stay passive and politically neutral actually reinforce oppression and injustice. He maintains that clinical work that is cognizant of societal oppression is a form of social action. Hocoy argues for the interconnection between therapy and activism.

1. We need to come to terms with our own unconscious or shadow material lest we inflict marginalized aspects of our psyches on the psyches of our clients and others with whom we have contact and, thereby, perpetuate injustices in the greater society.
2. We

must come to realize that our *other* therapeutic work is in redressing social disparities in our communities and the world at large by empowering the disenfranchised and advocating for dialogue and equity at every opportunity. 3. We have to cultivate a perpetual awareness of the interconnectivity of life and understand these truths: No matter how much therapy we do and how self-enlightened we are, there is no possibility to end psychological suffering until we work on the social disparities that result in intrapsychic trauma, and, no matter how much political activism and community service we do, there is no possibility for social justice until we come to terms with the forces of marginalization within our own psyches. (p. 36-37)

Potash - Guided Relational Viewing

Potash (2011) presents another theoretical model, the *Guided relational viewing model*, for art therapists who wish to engage in social change. This framework recognizes empathy to be at the core of social change. Potash argues that art exhibitions can initiate dialogue between individuals and the larger community thereby enhancing empathy. The viewer's emotional identification and connection with the artist and the social issue represented in the pieces lead to a sense of responsibility to actively engage in the matter at hand (Gablík, 1991). Potash (2011) maintains that two forces are required to sustain a positive social relationship: "*sensitive intentionality*, which is a willingness to respectfully assert oneself to be present for another and *active receptivity*, which refers to the ability to be dynamically open to receive the intentions of another" (p. 51). These drives need to be in equilibrium in order to foster the best communication between the self and society. Through structured discussions, self-reflection, and the creation of response art, art therapists lead viewers into deeper levels of awareness, prompting an appreciation of the artists through their images (Potash, 2011). Art therapists operate as agents of social change by accompanying participants' art-making and viewers' art-viewing and help sustain an environment of empathy between participant and larger audiences.

Learning from Other Artist-Art Therapist-Activists

Works of other art therapists who are integrating activism into their work has been helpful for my own process of defining myself as an artist-art therapist-activist. Their visions enlighten the use of the activist's identity in opposing the single story of heteronormativity.

Valerie Newman

Artist and art therapist Valerie Newman (2010) addresses LGBTQ issues within and outside of the therapy session.

As an artist, I am in a unique position to address large-scale social issues through public exhibition of my work. As an art therapist and artist, I have a unique set of skills that enable me to reach out and engage the public in dialogue about art exhibits addressing an activist agenda. I see it as part of my role as an art therapist to use my art for raising awareness and developing solutions in relation to social problems, particularly those that impact my clients. (p. 152)

Newman's installations confront homophobia, transphobia, and heteronormativity. One of her installations, titled *Sticks and Stones may break my bones, but fuzzy balls will never hurt me* (Newman, n.d.), consisted of outlined felt figure targets and fuzzy felt balls placed on pedestals. Derogatory terms about LGBTQ people were written on balls, which were available to audience for throwing at the anonymous figures.

Newman's pieces provide a space for both marginalized and privileged people to ask questions, to obtain support and learn about further resources. The empathy and sensitivity, skills she perfected as an art therapist, assisted in containing charged emotions when people were sharing personal stories. Newman chose her art materials and images carefully, attentive to the possibility that her art could inadvertently perpetuate further violence on LGBTQ individuals. Newman warned her audience about the offensive language in her piece, acknowledging the responsibility of the artist-art therapist-activist to think about the viewer's experience before making their work public.

Jordan Potash and Rainbow Ho

Potash and Ho (2011) used the guided relational approach in a phenomenological research project to address the question: "How does viewing and participating in an art therapy exhibit facilitate empathy for the artist and enhance the viewer's understanding of mental illness?" (p. 75). They organized an exhibit with thirteen inpatients, with diverse mental health diagnosis, from a psychiatric rehabilitation facility in Hong Kong. The participants voluntarily created and showed pieces reflecting what they wanted others to know about themselves. The exhibition included 15 drawings and paintings that represented different themes, such as symptoms of mental illness, feelings of isolation, hopes for normal living, and various coping

strategies. The artists remained anonymous and no information was given about their mental health diagnoses.

The audience for the exhibit consisted of individuals with a diversity of relationships to people diagnosed with mental health issues, such as mental health workers, paraprofessional workers, relatives of people living with mental illnesses, and people from the community. The viewers were asked to respond verbally, in writing, or through art responses to one of the artistic creations, shifting their roles to active participants in the exhibition. The viewers' art created an intermediary space that allowed for "discussions not censored by political correctness or social politeness, which allowed people to arrive at the heart of concerns that otherwise might have been embarrassing to discuss publicly" (Potash & Ho, 2011, p. 80). It also provided a holistic view of the artist, going beyond mental health labels to emphasize universal commonalities, thereby encouraging empathy. Viewers expressed that they felt connected to the artists through shared aesthetic insights. Here, art acted as an alternate language that enhanced understanding between the artists and the viewers. Viewers expressed desires to help the artists and to raise awareness about mental health issues.

In this project, art created multiple perspectives and drew attention to commonalities between people who were previously defined by their differences. Art transformed the singular story of mental illness. According to Potash and Ho (2011), art therapists were integral for facilitating these encounters; their skills provided a safe environment and decreased anxiety which would have hindered the experience of artists/viewers.

Rachel O'Rourke

Rachel O'Rourke is an art therapist, social activist, and artist who has worked mainly with survivors of war. O'Rourke (2007) created the *Paper People Project* (PPP) "to invite people from countries around the world to create artwork in response to their ideas, feelings and experiences related to gun violence" (p. 163). Human-form outlines expressing a variety of narratives were joined in a chain of suspended figures. Viewers were invited to make art about their responses to the exhibition, and their own relationships to gun violence. This participatory exhibition served as a dialogue between creators, researchers, and viewers. Inviting viewers to make art increases personal awareness and acknowledges the interconnectivity of human experiences (O'Rourke, 2007). The collaborative and self reflexive nature of this project helped art therapists and viewers further comprehend participants' realities.

In order to be successful, O'Rourke (2007) maintains that socially engaged art therapy projects need to involve careful consideration, planning, research, collaboration, and outreach. Particular attention must be paid to the accessibility, efficiency, familiarity, simplicity, and safety of the materials used in relation to the expected audiences (O'Rourke, 2007). She also warns us about the ethical considerations linked to this type of participatory work. For *Paper People Project*, a written outline explaining the purpose of the project and a piece of paper with the outline of a body were distributed to the viewers. Participants had to sign a release form granting permission for showing and publishing the artwork (O'Rourke, 2007). O'Rourke also cautioned about the power of the image to affect participants in potentially negative ways, and recommended the presence of art therapists during the exhibition. The strength of this project lies in its capacity to be transformed and adapted to address other systemic issues.

My Process through the Heuristic Phases

I have long been concerned with the project of addressing injustices and prejudices. Although my heuristic research journey took place between mid-May and mid-July, the seeds of my initial interest in activism began with my own oppressive experiences within my family and immediate surroundings.

Moustakas (1990) explains that the *initial engagement* phase in heuristic research occurs when the researcher becomes intensely connected to an individually and socially relevant question. My initial engagement began when I reflected on the expectations and limitations placed upon my gender. The details of these experiences are outside the scope of this paper, but it is important to note that my own experiences led to my desire to stand up for others who experience injustices.

I felt that the immersion, incubation, and illumination phases were interrelated, continuous, and as Moustakas (1990) suggests, non-linear. I decided to work in a non-structured manner, engaging in work sessions when inspiration and intuition called. I kept post-it notes with me in order to capture ideas, which often emerged in the most improbable moments (e.g. in class, doing housework, enjoying leisurely activities with friends, spending time with family, eating). Due to other obligations such as housework, schoolwork, and social events, the exploration and immersion of spontaneous ideas often had to be processed at a later time. The process of creating was easy and enjoyable. Time restriction placed on this research paper made me conclude my exploration, even though I wanted to continue my investigation.

I was inspired to use particular materials and followed my intuition, as I knew it would lead me towards what Moustakas (1990) calls *indwelling*. Indwelling is a continuous inner search that leads to an expanded awareness. Moustakas explains that concentrating on both tacit and explicit knowledge, the studied phenomenon can be understood and explained fully. This non-systematic approach allowed life circumstances to influence my process, providing an authentic experience of my emerging identity as an activist.

Immersion Phase

The *immersion* phase requires the researcher to inhabit "the question in waking, sleeping, and even dream states" (Moustakas, 1990, p. 28). This surrender to tacit and explicit knowledge requires trust in one's intuition and promotes spontaneous self-dialogue and self-searching (Douglass & Moustakas, 1985). I began the immersion phase with stream of consciousness free-writing exercises. I wanted to connect with my subconscious thoughts around my roles of artist, art therapist, and activist. Only after reflecting on my own thoughts did I begin reading literature about these roles. Hocoy (2007), Potash (2011), Newman (2011), Potash and Ho (2011) and O'Rourke (2007) introduced me to different perspectives around these identities. I also began to familiarize myself with mental health institutions' oppressive history towards LGBTQ people, and homophobia in contemporary society—discrimination at work and in family of origin, bullying at school, assisted reproductive technologies and parenting, hate crimes and internalized homophobia. Following my intuition, I felt inspired to create art responses about the information I was consuming. A total of eighteen art creations were made using a variety of materials.

As I reviewed my art responses, I recognized that I was exploring themes from the American Art Therapy Association's Multicultural/Diversity Competencies (2011). My art responses explored: inequalities between heterosexual and homosexual people, multiplicity of stories, interconnectivity between the individual and the collective, and the art therapist's responsibility for social change. These themes and art responses will be explored in greater detail in the *Explication* section.

Incubation Phase

The *incubation* phase is a planned interruption in the heuristic process. This pause enables the researcher to acknowledge unconscious information and let new knowledge or perspectives emerge (Moustakas, 1990), thereby enabling tacit knowledge and intuition to evolve to their full potential. The immersion and incubation phases were interspersed for me. I was not

able to have extended periods away from immersion work because of time restriction placed on this research paper. Nevertheless, being in class, doing housework, enjoying leisurely activities with friends, spending time with family, sleeping, and eating acted as the incubation phase.

Illumination Phase

The *illumination* phase focuses on unforeseen revelation emerging from tacit knowledge and intuition. It can enable new layers of awareness, amend prior misconceptions or unify dispersed information (Moustakas, 1990). During this phase, the researcher reflects on the main themes they have discovered up to this point, and how those relate to the research question.

Through my own process, the illumination phase revealed similarities between my explorations and the competencies encouraged by the Multicultural/Diversity Competencies (2011). My heuristic process helped me acknowledge my own dominant status in society as a heterosexual woman, and the impact of this on my personal values and practice. I wanted to learn more about my privileges and illuminate my prejudices. I wanted to better understand the realities of LGBTQ individuals. This phase also led me to better understand my personal connection to this topic. My own reality of gender based oppression made me sensitive and empathic to LGBTQ communities' experiences. I used my own encounter of stigma as an artist and art therapist to understand the stigma experienced by LGBTQ communities. Although artists, art therapists, activists and LGBTQ people experience stigma in different degrees, we are all pressured into singular stories that limit our realities and do not reflect the nuances of our lives. Artists, activists, art therapists, and LGBTQ people are all stereotyped to their detriment. These realizations will be explored in greater depth in the *Results* section.

Explication Phase

The *explication* phase uses focus, self-searching, and self-disclosure principles to examine layers of knowledge. Through this process, core themes are organized into a meaningful whole, in accordance with the researcher's internal frame of reference (Moustakas, 1990).

I was able to identify the following themes from reviewing my art responses. The *Imaginary museum exhibition* is an art response that comprises the following themes explored below: multiplicity of stories, inequity between heterosexual and homosexual people, heterosexual privileges, interconnectivity of individual and collective, and social change responsibilities. This art response was created as a response to the literature about art therapy

related activism. A series of boxes are joined together to form a maquette of a museum exhibition. Each box represents a different room of the exhibit dealing with diverse LGBTQ topics. The exhibit aims were to create awareness, educate, and change societal views about homophobia.

Multiplicity of stories. Through familiarizing myself with Chimamanda Adichie's work, Egale Canada's *Hear our story*, and subsequent art responses, I have become aware of the importance of telling multiple stories.

Chimamanda Ngozi Adichie is an African storyteller and activist. She presented a very strong argument about the danger of stigma in a TED Talks titled *The Danger of a Single Story* (Adichie, 2009). The art response that was created after viewing this represents an eye as the main subject. The eye is surrounded by the words "Please give me another eye and another and another and another and another..." (see Figure 1). It illustrated my wish to further expand my perspectives about minority communities, and more specifically LGBTQ experiences. While I strived to learn more about LGBTQ communities I wanted to ensure that my new found knowledge would not contribute to generalizations and stereotyping of people's experiences. I wanted to ensure that I remained open to a diversity of LGBTQ experiences, pushing back against the dominant narrative of heteronormativity. The insights from this talk and my art response constitute the premise for this research paper and led to further thoughts about the role of the art therapist. The piece also express my desire to expand my role of art therapist beyond its usual definition.

This art piece also pointed me to the multiplicity of stories lived by LGBTQ individuals. Within this art response, I also wrote that I "could not see them as anything else because I had seen them as only one thing". LGBTQ people encompass several identities that cannot be reduced solely to their sexual orientation. Each individual has different social locators (e.g. age, gender, family structure, social class, race, religion) that intersect to create a unique story. "Peoples' experiences of advantage and disadvantage are intersecting and multifaceted" (Robinson & Ross, 2013, p. 92), impacting the formation of their identity and their responses to the world. The experience of a young Caucasian LGBTQ person, for example, is different than that of an older Black LGBTQ person. There are intersecting systems of oppression that affect people distinctively and render their experience of the world different (Robinson & Ross, 2013).

Egale Canada is a national charity that aims to "advance human rights based on sexual orientation and gender identity through research, education and community engagement" (Our Mission Section). The *Hear our story* project portrays several short documentary stories as part of a campaign against homophobia (2014). The series, which depicted the multiple stories that are lived by LGBTQ individuals, was informative and offered a space for stories that are not often portrayed in mainstream media. *Portraits* was an art response to seven of these short stories illustrating my processing of the daily realities of LGBTQ individuals and allies.

Inequity. I wanted to acknowledge society's misconceptions about LGBTQ lifestyles. I created an art response to expose stereotypes and stigma attached to each sexual identity. *Stereotypes Boxes*, part of my series of imaginary museum rooms, depicted different bedrooms, each representing a distinct sexual identity: heterosexual, lesbian, gay, bisexual and queer. The rooms focused on presenting both stereotypes and stigma experienced by each sexual orientation. LGBTQ individuals are judged, even when they are within the privacy of their bedroom. Societal assumptions and misconceptions about LGBTQ lifestyles lead to prejudices for LGBTQ communities.

Stereotypes Boxes also addresses prejudices stemming from dominant sexual identities within the LGBTQ community. The *gay box* was created with ease as I have encountered more gay males stereotypes than stereotypes for other sexual orientations. This led me to realize that I needed to learn more about stigma experienced by lesbians, bisexual, queer and other sexual identity minorities. Whether in the dominant culture or within a minority culture, recognizing a whole person through the exploration of multiple narratives is of utmost importance.

Another inequity experienced by LGBTQ people is the constant coming out process. The societal presumption of heterosexuality, which forces LGBTQ people to perpetually come out as "other", is a day-to-day challenge with uncertain outcomes. *Share your Coming Out Stories box* explores this issue within the imaginary museum exhibition. The "share your LGBTQ coming out stories" wall faced the "share your heterosexual coming out story" wall, in order to contrast the lived realities experienced by LGBTQ and heterosexual people within our heteronormative society. The LGBTQ wall was covered with positive and negative coming out narratives, while the latter heterosexual coming out wall was left blank. The stark difference between these realities drew attention to the inequalities experienced by LGBTQ people, who are often identified in terms of their sexual identity and as 'other' in heteronormative society. Heterosexual

individuals are not defined by their sexual orientation, they do not have to come out and are not asked to share how they live their heterosexual life.

Heterosexual privileges. As a heterosexual woman, I belong to a dominant social group. Answering the Kids Help Phone Counseling Team's (2014) heterosexual privilege checklist expanded my awareness of how my own lived realities differed from those of LGBTQ people. These thoughts turned into a written art response called *My Heterosexual Coming Out Story*. The written reflection described my heterosexual childhood, my heterosexual non-coming out, my heterosexuality being accepted by my family and friends and its concordance with the dominant Catholic religious beliefs held by my surroundings. It felt silly to define my entire life by my sexual identity; I have more than one story, more than the story of my sexual orientation. It also made me realize how easy it was to tell my coming out story because it fits the prescribed societal norm. Heterosexuality is not permeated with shame. It is not questioned or judged as immoral.

As a heterosexual person I have many unearned advantages by virtue of my membership in this dominant social group. Heterosexuals have the privilege of safely displaying signs of affection in public, of sharing their sexual orientation without fear wherever they go in the world, and of presenting their partner without fearing rejection. Many heterosexual couples can procreate without the help of reproductive technologies, and society does not presume that the sexual orientation of heterosexual parents could affect a child's well-being.

Interconnectivity of individual and collective. Thelma Golden (2009), an African-American curator at The Studio Museum in Harlem gave a TED Talk titled *How Art Gives Shape to Cultural Change*. She talked about artists and the ways in which art creates dialogue and changes the perspectives of viewers, artists, and the broader community. She mentioned a lecture given by Muhammad Ali at Harvard University in 1975. After the lecture, a student asked him to deliver a poem. His response was: "Me, we" (Muhammad Ali as cited in Golden, 2009). During an exchange with my supervisor about this artwork, she shared this quote from aboriginal activist Lilla Watson: "If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together" (Invisible Children, 2014). In both quotes, the interconnectedness of the individual and society to create change strongly resonated with me. This inspired the participatory element of my imaginary museum exhibition, where I solicit collaboration from the viewer. Any project that

exposes homophobic prejudices without input from the community directly experiencing them is not representative of their experiences. We can only achieve change by uniting the individual and the community.

Integrating individual experience into collective social action has been a recurrent theme throughout my heuristic practice. The imagined museum exhibition is an exploration of my own reflections regarding LGBTQ issues and the role of the artist-art therapist-activist ally for the community. It is also a way to avoid telling a single story. The constant exchange between the artist and the viewer keeps the exhibition current, and links it to the changing needs of LGBTQ communities. The museum provides a space to establish a dialogue between dominant heteronormative groups and LGBTQ people. This space aims to provide ways to be heard and seen, as well as to hear and see. The participation of heterosexuals as well as LGBTQ individuals in the imaginary museum exhibition enhances the diversity of issues, discussion, and views at hand. This, in turn, helps to implement interventions that answer the needs of LGBTQ communities.

A series of TED Talks on Netflix titled *How to Start a Movement* (Netflix, n.d.) exposed multiples ways to be an activist: as an individual, as a leader, through social media, through gathering events, through fighting the judicial system, and with art or creativity as a medium of change. At times, the community was directly involved taking on leadership positions in the change making processes and at other times, a leader involved the entire community through individual or group participatory actions. This helped me define my role of activist and revealed to me different possibilities for implementing actions involving both the individual and the community.

Social change responsibilities. Art therapists must pay attention to ethical concerns such as non-maleficence, which restrains therapists from interventions or actions that could cause harm to their participants (AATA, 2013). The artist-art therapist-activist has an ethical responsibility to question potentially harmful messages in their exhibition or participatory action. The viewer of the exhibition and participant in a participatory exhibition need to be warned about any adverse content. I came across this issue while creating *When Stupidity Meets Ignorance Box*, a room within the imaginary museum exhibition. The piece was inspired by the movie *Love is All you Need?* (HaierUp, 2013), which portrays an alternate reality in which a young heterosexual girl survives attacks from a dominant and oppressive world where

homosexuality is the dominant sexual orientation. This movie illustrated the daily struggles heterosexuals would endure if they were violently treated as 'other' by society. *When Stupidity Meets Ignorance Box* contained a collection of harmful words and expressions towards LGBTQ people I have encountered throughout the years. The creation of this box felt uneasy and I worried about perpetuating violence with its existence. I ended up removing this art response from the imaginary museum exhibition for fear of repercussions on LGBTQ viewers.

The artist-art therapist-activist can engage in ethical practice by dialoguing with the community. I created three imaginary museum rooms to engage this dialogue. *Create an Art Response Box* was created for expressing emotions that may arise when viewing rooms in the imaginary museum exhibition. Its goal is to provide valuable information to art therapists that can be used to help comprehend individual experiences of the topic. *Resources Box* provides assistance and resources to LGBTQ individuals, family, friends, co-workers, teachers, health care professionals, and allies. References to literature, websites, organizations, events, workshops, and conferences would be provided. *Missing Room?* intended to bring visibility to issues that are not portrayed in the other imaginary museum exhibition rooms. In this room, viewers are provided with art materials. Their responses will provide art therapists information about the community's current needs so that they can constantly reassess the issues to be addressed. All three rooms would benefit from the presence of an art therapist, who could contain emotions and guide the viewer to any resources that may be needed.

The second part of the explication phase was completed through writing this research paper. The writing process has been a difficult journey because of its strict academic requirements. These included an extensive review of literature, a focus on academic writing, deadlines, and multiple revisions. Although the writing has been laborious, it allowed me to clarify the kind of art therapist I want to be.

Acknowledging complexities, accepting diversity, and telling the multiple stories creatively are required of activists and art therapists, but as the *Discussion* section below reveals, this has to be done ethically. I now better understand the practicalities of the AATA's *Art Therapy Multicultural/Diversity Competencies* (2011) and incorporate these ethics into my vision of the art therapist. I envision combining my roles as an artist and activist into my art therapy work. I now see myself as an artist-art-therapist-activist.

The third part of the explication phase involved exchanges about my process with my supervisor, who provided helpful guidance for thinking about my research questions, the data I had collected, and my writing. These conversations led to continual interrogations about my identity and my interest in working with LGBTQ people. These factors will be discussed in greater length in the *Results* section.

Creative Synthesis

The *creative synthesis* phase requires introspection from the researcher to fully connect with her data and creatively express her journey with her chosen topic (Moustakas, 1990). The creative synthesis expresses the researcher's experience and can take many forms: a story, a drawing, a book, a performance or any other form. "There will be mutuality between the creator and the creative synthesis; there will be a sense of connection and transformation that cannot be falsified" (Sela-Smith, 2002, p. 69). This research paper is part of my creative synthesis, but an even larger part of this synthesis will emerge from the work of my newly integrated role as an artist-art-therapist-activist. My future work will be informed by the artists, art therapists, and activists who have inspired me to challenge systemic oppression within and outside of the therapeutic setting.

In my art therapy practice, special care will be given to create spaces for participants to explore social realities and systemic oppression. Reflecting upon systemic privileges and inequalities are important, but exploring the dynamics of the therapeutic relationship and its own imbalances is crucial. Engaging in dialogue about inequalities in a therapeutic space fosters empathy for both participants and art therapists, enhancing their comprehension and strengthening the therapeutic relationship. Acknowledging their multiple stories provides tools in and outside the therapeutic setting leading to empowerment, individual change and individual, and social well-being for both participants and art therapists. I believe that a continuous self-inquiry throughout my professional life will develop and expand my creative synthesis, which will evolve through encounters, experiences, and practice with various marginalized communities.

Findings

The Interdependence of Artist, Art Therapist, and Activist

Throughout this process, I discovered that my art therapy training focused on the development of an art therapist identity to the detriment of my artist and activist identities. I felt

confined to the singular story of the art therapist. No time was given to cultivate our artist identity and the presence of a systemic activist approach was nonexistent in the program. Through my heuristic process, I discovered that my identities as artist, art therapist, and activist are not separate. They exist together as a whole. I am an artist-art-therapist-activist.

Differences and similarities of art therapist and activist identities. The first responsibility of the art therapist is towards the individual. The art therapist offers a non judgmental frame of mind upon which the participant can project her emotions (Frostig, 2011). This genuine attitude supports the uncritical disclosure of diverse issues bound by confidentiality. Art therapists practice within the confines of a code of ethics, institutional policies, and provincial and federal laws (AATA, 2013; CATA, n.d.).

While the art therapist works with individuals and small groups, the activist primarily works with systems. The activist has public and political roles that critique societal injustices (Frostig, 2011). They position themselves by judging current social systems and exposing hidden inequities in society. The activist can be viewed as a protestor denouncing historical and/or moral outrage (Frostig, 2011). There are no institutionalized code of ethics that delimitate an activist's behaviour, and illegal actions are sometimes used to bring visibility to an issue (Ganesh & Zoller, 2012).

Despite these differences, similarities also exist between the art therapist and the activist roles. Frostig (2011) states that "compassion, empathy, curiosity, dialogue, engagement, analysis, ethical concerns, and ideas about empowerment and agency" (p. 54) are common qualities for both art therapists and activists. Both roles also require self-awareness, self-acceptance, and a capability to easily adjust to conflictual situations. Art therapists and activists both have the capacity to acknowledge and address power imbalances in relationships (Junge, 2007). Both play an instrumental role in supporting social equity by promoting change and empowerment, as well as enhancing individual and societal well-being.

Through this research, I have encountered different models for integrating the art therapist and activist identities. The AATA (2011) states that "culturally competent art therapists understand the sociopolitical influences that can impinge upon the lives of all individuals," which includes "discrimination, racism, sexism, classism, ageism, oppression, prejudice, stereotyping, racial profiling, poverty, powerlessness, and settlement/immigration," and these can substantially "impact self-esteem and self-concept in the therapy process" (IIB, para. 3). The

AATA (2015) advocates addressing systemic injustices in the therapeutic setting as a way of empowering individuals to achieve personal well-being. The AATA further asserts that "art therapists recognize the importance of developing laws and regulations pertaining to the field of art therapy that serve the public interest [...]" (AATA, 2013, p. 10). Several art therapists argue for moving towards a systemic approach in art therapy (Frosting, 2011; Hocoy, 2007; Junge, 2007). Without addressing systemic injustice, art therapists are just helping "people cope and adapt" to societal inequities (Junge et al., 2009, p. 109).

As I develop my artist-art therapist-activist identity, I have come to recognize that art therapists need to work with LGBTQ communities to fight for civil and legal equity for all people. Unifying the art therapist and activist roles are essential for enhancing participants' quality of life.

The stigma of the artist, art therapist, activist. My research identifies stigma as an experience shared by artists, art therapists, activists and LGBTQ people.

The conception of "a real artist" is mediated by the audience, the schools and the institutions who dictate social constructs of what constitutes "valuable" art. This creates a single story of art and artists. Wolf (1993) states that "social institutions affect, *who* becomes an artist, *how* they become an artist, how they are then able to *practice* their art, and how they can ensure that their work is produced, performed, and *made available* to a public" (as cited in Gaztambide-Fernandez, 2008, p. 243). Wittkower and Wittkower (1963) state that "there is an almost unanimous belief [that] artists are, and always have been, egocentric, temperamental, neurotic, rebellious, unreliable, licentious, extravagant, obsessed by their work, and altogether difficult to live with" (as cited in Gaztambide-Fernandez, 2008, p. 233). Other misconceptions about artists include that they are eccentric beings who suffer and starve for the sake of their art (Gaztambide-Fernandez, 2008; Lovelace, 1999), or that they are isolated and naturally gifted male geniuses who create universal art and are raised to a celebrity status (Gaztambide-Fernandez, 2008; Halifax, 2003; Lovelace, 1999; Pollock, 1996).

Like artists, art therapists also experience stigma and misconceptions about their work. Halifax (2003) speaks about the stigma experienced by art therapists explaining that art therapy is a hybrid profession, which includes both art and therapy. This amalgam of two different fields often results in the stigmatization of art therapy as an alternative form of art and an alternative form of therapy; not yet art and not yet psychology. Having internalized this marginalization, art

therapists often devalue both their artistic and therapeutic work. "We feel not 'good enough'; we disparage our work and we remain quiet in team meetings, as our ideas about our clients and their art suddenly recede" (Halifax, 2003, p. 33). Schaverien (1989) argues that art therapists often defer to the authority of other mental health professions, forgetting the richness that art can bring to participants, art therapists, and the field as a whole. In 2009, Quebec legislation passed the *Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations* (187.1), which gave the Ordre professionnel des psychologues du Québec the right to regulate psychotherapy. After this act was passed, psycho-dynamically oriented art therapy became restricted. It is now more difficult for art therapists to receive a psychotherapist permit, even when they are capable of implementing psychotherapeutic interventions. This law reinforces views of the dominant field of psychology that art therapy is 'not good enough' as a form of therapy. Society has created a single story of art therapy and art therapists.

Activists are another group of people that experience stigma. Activists are often portrayed as aggressive militants who use unorthodox methods to promote social change (Bashir, Lockwood, Chasteen, Nadolny, & Noyes, 2013). Whether they are seen as violent, propagandist of utopian ideas, tree huggers fighting unethical environmental policies, or peace-disturbers who end up in prison, they are usually portrayed negatively (Bashir et al., 2013). These unfavourable depictions hinder the work of activists, driving away people who might otherwise support a rightful cause (Bashir et al., 2013).

Artist, art therapist, activist, and LGBTQ. Like LGBTQ people, artists, art therapist, and activist are all defined by imposed societal concepts. Engaging in the arts collectively might be a way to connect, understand, modify and actively engage in societal change for LGBTQ individuals and artists. Providing a safe space for LGBTQ individuals through art therapy could enhance the well-being, sense of efficacy and power of LGBTQ individuals and art therapists alike. Challenging misconceptions about LGBTQ people and activists alike reduces the stigma attached to both identities.

Deepening the Activist in the Artist and Art Therapist

In trying to understand my obligations and role as an ethical art therapist, I coded my data with the guidance of the *Art Therapy Multicultural/Diversity Competencies* document (AATA, 2011), a supplementary document in the American Art Therapy's Code of Ethics. I also coded

these responses using the *Art Therapy as A Tool for Social Change* Model as a framework to help me clarify my role as an artist-art therapist-activist (Hocoy, 2007).

The *Art Therapy Multicultural/Diversity Competencies* developed a three-stage sequence for practicing in a culturally competent manner. The first stage, the "art therapist awareness of personal values, biases, and assumptions" (Code I), advocates conscious recognition of the cultural circumstances that impact the therapist's personal and professional worldview. In a similar way, Hocoy (2007) states that art therapists need to "come to terms with [their] own unconscious or shadow material lest [they] inflict marginalized aspects of [their] psyches on the psyches of [their] clients and others with whom [they] have contact and, thereby, perpetuate injustices in the greater society" (p. 36).

I needed to first identify for myself the roots of my desire to advocate for LGBTQ participants. My short hairstyle and prolonged single status has led friends, acquaintances, and colleagues to assume that I was gay. This experience of being mislabeled was challenging. Although it is in no way representative of LGBTQ realities, this experience promoted my understanding of oppression and internalized homophobia. Questions regarding my sexual orientation led me to inquire about negative perceptions of LGBTQ people held by myself and society at large. Sexual identity is not static, so I define myself as heterosexual for now.

Therapists are often described as wounded healers (Zerubavel & Wright, 2012). Oppressive circumstances in my life led me to fight many erroneous judgements made about me by other people. These injustices inspired me to become the support I wish I had. Homophobia has continued to be present in my environment, despite my best efforts to advocate against this single story. Working with LGBTQ participants made me recognize the difficulties I would have encountered as a LGBTQ person within my own surroundings.

Creating art responses deepened my reflections about my own privileged experience, leading me to grow as a person and a professional. Challenging my heterosexual reality involved acknowledging my own personal assumptions and prevents me from imposing these beliefs on my future participants. In turn, I hope this reflective process can serve as a model for other individuals and art therapists, who will in turn impact their community and hence perpetuate a slow cycle of change.

The second stage, the "art therapist knowledge of clients' worldviews" (AATA, 2011, Code II), advocates learning about the cultural traditions, historical events, sociopolitical

influences, and artistic practices that could influence participants' life choices and art therapy interventions. Most of my art responses acknowledged the prejudices that LGBTQ people endure and the heterosexual privileges prevalent in our society. The stigma faced by LGBTQ individuals in the mental health field, documented in the *History of LGBTQ in the Mental Health Field* section, revealed the perception of homosexuality within psychology and the historical context for contemporary heteronormative discourses. The *Societal Oppression Towards LGBTQ People* section outlines the negative effects that the singular story of heteronormativity has on LGBTQ people's mental well-being.

Being knowledgeable about diverse representations of LGBTQ language, significant historical and cultural symbols, and laws that impact LGBTQ people enable the art therapist to connect with their participants. Knowing about both historical and present oppressions faced by the community is essential.

In my review of the literature, I have found that art therapy interventions specifically targeting the needs of LGBTQ people are scarce. Art therapists would benefit from a growing body of research that strengthens their ethical practice when working with LGBTQ individuals. Further research, specifically aimed at developing artistic strategies answering LGBTQ people's needs, are also needed to improve the therapeutic experience and general well-being of LGBTQ people.

The third stage, advocates that the art therapist needs to identify different forms of oppression and take proper institutional actions on behalf of her participants to alleviate feelings of injustice (AATA, 2011, Code III). This is consistent with Hocoy's (2007) view that art therapists ought to "realize that our *other* therapeutic work is in redressing social disparities in our communities and the world at large by empowering the disenfranchised and advocating for dialogue and equity at every opportunity" (p. 36).

Inspired by Newman (2010), Potash and Ho (2011) and O'Rourke (2007), I aim to respond to these ethical criteria through individual and community empathy based art therapy. On a personal and professional level, I wish to engage in social change by creatively addressing systemic oppression. My process of creating the small imaginary museum exhibition helped me better understand homophobia and LGBTQ realities different than my own. I also worked through some of the ethical issues of organizing an exhibit: having careful thoughts about the language and images in the exhibit, warning viewers of content that could cause harm, providing

guidance towards proper resources, being considerate of art materials used by participants, having consent forms to show the work of participants in an exhibit (Newman, 2010; O'Rourke, 2007).

I learned about how to create an exhibit that would focus on public education and awareness, empathy building and dialogue. Providing a space to artistically respond to the exhibition creates empathy (Potash & Ho, 2011) and provides insight into participants' life experiences, which educates and sensitizes. Whether organizing, viewing, or participating in this exhibition, the art therapist enhances her knowledge of LGBTQ issues. She can assess collective views surrounding certain topics and take steps to address these themes in future exhibits. Creating this dialogue could instill further empathy, leading to greater societal changes.

Results

I began this research by defining an artist as somebody who expresses her soul through a creative process, and an art therapist as someone who accompanies and supports a participant in their therapeutic journey and the creative expression of their soul in order to enhance their general well-being. With the help of three experienced art therapy practitioners, I was able to define the role of activist.

Definition of Activist and Integration of the Artist-Art Therapist-Activist

Primarily drawing on their art therapist skills, Potash and Ho (2011) applied their skills as mediators to facilitate a dialogue between artists and viewers. The artist and the viewer both use the power of the image to foster empathy and act as an agent social change. Newman (2010) uses her skills as an artist, as well as that of the art therapist and activist, to confront systemic oppression. She underlined the delicacy of targeting such issues and the artist's responsibility to recognize the potential for images to cause harm. She shared the importance of providing resources for viewers who want to have more information or support related to topics exposed in the exhibit. O'Rourke (2007) used her roles as an activist and art therapist to create a participatory exhibition that engaged the community in a collaborative work addressing systemic oppression. She demystified the complexity of addressing a global issue with a simple method, which facilitated the understanding of participant's realities. By collecting creative data for research, the project also legitimized the field of art therapy.

These three practitioners provided multiple stories about being an artist-art therapist-activist. Their examples have helped me define my activist self. I now define an activist as

someone who empathically connects to issues within a community through her personal experience with members of the community, either as part of the community herself or as an ally. She can act individually (Newman, 2010), connect with the community as an intermediary (Potash & Ho, 2011) or work collaboratively with the community (O'Rourke, 2007). Her goal is to expose inequities, create broader societal awareness about these inequities, foster empathy, and instill a desire towards individual and collective action. The work of the activist abnegates the single story by questioning the status quo, exposing what is kept invisible, and continuously challenging and exposing issues until change is achieved.

Building on Newman (2010), who brings together the roles of artist, art therapist, and activist, I understand the artist-art therapist-activist to be someone who expresses her core soul through a creative process. She fosters a place of discovery to address social inequities for herself, her participants and her co-activists. She provides a contained environment for discussing issues pertaining to oppression and supports people in the process of finding the necessary tools to transform the world. By taking conscious actions towards change and fostering the same awareness and empathy in others, she strives to provide the best possible long-term outcome for participants both inside and outside the therapeutic setting. Of great importance to the narrative of multiple stories, there are multiple ways to be an artist-art therapist-activist, and this is how I define mine, at this point in my journey. Each person interested in this journey is welcome to define the parameters of their own artist-art therapist-activist self.

Personal and Professional Discoveries. In addition to defining what an artist-art therapist-activist means to me, I have also had other important personal and professional discoveries. I have integrated self-introspection as a tool for both my clinical and artist-art therapist-activist roles. My new skills in reflective practice have enhanced my ethical knowledge as an art therapist and will impact my future work. I have also come to acknowledge the danger of the single story. I could have satisfied myself with the singular story of being an art therapist, but that would have limited me to only one aspect of all that I can be.

The self-introspection required by the AATA (2011) and Hocoy's model (2007) has led me to define my own sexual identity and experiences with oppression. I have also come to understand the amount of privilege inherent in my heterosexual orientation. I have the privilege of never having to have come out. I have not been bullied or rejected by friends and family

because of my sexual orientation. I never worried about losing my job, being insulted or fearing physical repercussion or harassment because of my sexual orientation. I have never experienced internalized feelings of shame, nor has my whole identity ever been reduced to my sexual orientation. My activist self strongly reacts to such injustices, the same way that I reject the gender roles expected of me. I understand the role that my personal experiences have played in wanting to support others, and I hope to be able to provide non-judgmental support and guidance to those who wish to define themselves differently from what is expected of them.

The personal and professional discoveries achieved through this research project have highlighted the importance of continuous work in self-awareness. It was an enriching experience that enhanced my skills as an art therapist. Although I focus on LGBTQ people here, the process of becoming deeply aware of unconscious biases is applicable to other communities. This process has enhanced my understanding of my own narrative, my own multiple stories, and I know that I will apply this knowledge as I learn about my clients, keenly aware of intersectionality and other forms of multiplicity.

I intend for this paper to act as an agent of social change and an activist act in itself. I hope that this work could support reflexive processes in other art therapists. Other art therapists who wish to engage in a similar process of self-awareness when working with diverse people might want to focus on the tools used through this heuristic research. I recommend that art therapists working with a group of people who are culturally different than themselves consider engaging in free writing exercises and art responses to acknowledge conscious beliefs and stereotypes and discover and help reveal unconscious prejudices. Reading personal narratives from various sources can help therapists expand their knowledge when personal lived experience is not available. Acknowledging the dominant and targeted groups and finding a way of acknowledging privilege can counteract the occurrence of microaggression while fighting the stigma of the single story. Of course, following one's intuition is of paramount importance. I encourage people to do what feels right for them and to adapt these exercises according to their specific needs.

My Future Work

As I prepare to engage in these career aspirations, I want to differentiate between being an advocate in the therapeutic setting and being an activist outside the therapeutic setting. As an art therapist who advocates for her clients I follow the Multicultural Competency Guidelines as

outlined in my AATA code (2011, 2013), the American Psychological Association's Practice Guidelines for LGB clients (2012), and the Association for lesbian, gay, bisexual, and transgender issues in Counseling Competencies (ALGBTIC) for Counseling with LGBQQIA Individuals (Harper et al., 2013). As an artist-art therapist-activist outside the therapy setting, and the focus of my paper, I plan on curating interactive exhibits that aim at transforming and educating against homophobia. My clinical practice as an art therapist will inform the different exhibits that my artist-art therapist-activist self will create. The art therapist and the artist-art therapist-activist roles fuel each other and work together to achieve social change in distinct ways.

In my future work as an artist-art therapist-activist I hope to address homophobia through the creation of three different kinds of art exhibits: 1. a personal individual exhibition, 2. a participatory exhibition, and 3. a collaborative work with the community. These progressive acts of activism will provide different set of tools to address systemic oppression. Each of these individual exhibitions will also gradually help achieve the full potential of my artist-art therapist-activist self.

The personal individual exhibition will be a personal artistic process fueled by themes encountered in my art therapy work with LGBTQ individuals. This first artist-art therapist-activist act, will share diverse realities lived by LGBTQ individuals. This exhibit would use art to highlight experiences expressed by clients in session. In order to maintain clients' confidentiality, no identifying information would be revealed, and clients' personal stories would not be shared. Moreover, to create further distance from clinical material I would use my art to expose oppression and share the multiplicity of LGBTQ people's experiences. As I would be creating and presenting different issues through my own art, the anonymity and privacy of the participants would be maintained. Through this work, I hope to sensitize people to the concept of the single story and to make visible the oppression of LGBTQ people.

The second artist-art therapist-activist act would entail a participatory exhibition of works made by LGBTQ people. The LGBTQ artists would be asked to share something they want others to know about themselves, thus presenting a collection of multiple stories. These artists would be composed of members of the general public mobilized through LGBTQ organizations. Many LGBTQ communities are small, and careful considerations about the intricacies of dual relationships should be explored (AATA, 2013, code 1.4). Additionally, since some art therapy

clients might also participate in the exhibit it will be important to ensure that the clients do not feel coerced to participate, and that they do not feel that their art therapy services will be compromised if they choose not to participate in exhibiting their work. Proper information and consent forms about the exhibit would be provided to the artists beforehand and their anonymity would be kept in strictest confidence. Viewers would be asked to respond creatively to the exhibit followed by a discussion facilitated by an art therapist. Similar to the diversity present in LGBTQ communities, the viewers would identify with diverse sexual orientations, cultures and religions. The goal of this exhibit is to celebrate multiplicity, fight against the single story of heteronormativity, and engage empathy to have people reflect on the hostility of subtle and less subtle forms of homophobia.

The collaborative work with the community involves organizing and participating jointly with the community to make an exhibition that creates an open dialogue. This exhibit will use artworks made by people from various communities around the world who have different relationships with homophobia (parents, children, friends, teachers, or coworkers of LGBTQ individuals, allies and LGBTQ individuals). The event may occur simultaneously in different states, countries and continents, depending on the needs and desires of the communities involved. The goal is to regroup different communities around the world and to share different realities related to the theme of homophobia with viewers. I would engage with the communities, organize the materials, consent forms, and events, and facilitate the viewing of the exhibition. Viewers would be encouraged to participate in the exhibition as well. The exhibit's large scale would help achieve greater sensitization and education about the topic. It would provide for a bigger platform that could permit for further engagement with other communities. This collaborative and participatory work could take many forms and the specifics of this last artist-art therapist-activist act is not yet clear as it requires years of practice and connections with diverse communities around the world. Further thoughts should also be given to the materials used for the exhibit. A project of this magnitude requires careful planning and solid experience that I have yet to gain.

In all these situations, the identity of artist, art therapist, and activist are used to artistically expose the issues faced by LGBTQ people. These exhibitions not only fight the single story of heteronormativity, but that of artists, art therapists and activists as well. The strength of these projects lies in the interconnectivity of these three identities. The identities of

artist, art therapist and activist work jointly in the projects presented above, to bring visibility through the image, empathy through the dialogue and education and change through the viewing, participation and dissemination of the exhibit. Growing into my own multiple stories and identity as an artist-art therapist-activist has helped me acknowledge the single stories forced on members of LGBTQ communities and reinforced my belief in the activism that needs to be done in order to fight back against the dominant narratives that are enforced on minority groups.

As an artist-art therapist-activist, it is essential that I acknowledge the limitations and realities of the role of ally in this work. As an ally, I am supporting LGBTQ communities without living their realities first hand. This is a role that I choose and that I can put aside at any point in time should I decide to. Contrarily, LGBTQ individuals do not have the privilege of choosing to stop experiencing the homophobia that surrounds them. These different realities create a power imbalance that is important to acknowledge in my work with participants and my work as an artist-art therapist-activist. It will be important that I continuously challenge what it means to be an ally and subsequently, have a continual evolution of the definition of this term.

Discussion

Learning Tools for Art Therapists

This research arose from my feelings that my graduate program did not adequately prepare me to work with LGBTQ participants and other participants from marginalized groups. For this reason I am sharing some of the resources that I found useful in familiarizing myself with some LGBTQ realities. This is not an exhaustive list.

The straight privilege checklist (Kids Help Phone counselling team, 2014) led me to acknowledge my heterosexual privilege and preexisting biases and fulfilled AATA's (2011) and Hocoy's (2007) first ethical responsibility. These texts led me to recognize the power of challenging the single story.

It has been important to learn about the history of oppression experienced by LGBTQ people in the mental health field and the judicial system. These histories inform LGBTQ people's views of therapeutic services and the art therapist herself. Understanding past and current struggles by LGBTQ people to attain equality was another essential tool for limiting instances of microaggressions.

Becoming knowledgeable about identity development theories for LGBTQ people, such as the Cass model, was essential to ensure proper interventions aimed at alleviating internalized homophobia, homophobia, and isolation.

AATA's *Art Therapy Multicultural/Diversity Competencies* (2011), the APA's *Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients* (2012) and *Answers to your questions for a better understanding of sexual orientation & homosexuality* (2015), and Internet sites such as Egale Canada (2014), all provided valuable information on diverse LGBTQ realities. These sources also offered documentation, statistics, and links that were useful for expanding the single story of LGBTQ individuals.

Kaplan's book, *Art Therapy and Social Action* (2007), provided different models of social justice art therapy practice that were implemented in different communities. Although it is not directly about LGBTQ issues, it was useful for assessing how privilege plays out in society, how to deal with oppression, and how marginalized individuals or communities may feel empowered through art therapy. It taught me to ethically explore the multiple stories of individuals and communities. This book and the *Learning from Other Artist-Art Therapist-Activists* section both consider the power of the image in perpetuating harm, and the importance of warning viewers about sensitive material. For the same reason, having a professional art therapist who can contain emotions and provide guidance towards additional resources during any type of exhibition is crucial. Explaining the project, using appropriate art materials, and having consent forms before exposing the artworks in an exhibition alleviate the risk of causing greater harm.

The idea to include a feminist perspective in my framework was inspired by Junge's (2007) account of her personal journey as a female art therapist. As we have an ethical duty to advocate for the well-being of our participants (AATA, 2011; AATA, 2013; CATA, n.d.), I advocate for feminist theory to be part of every university curriculum. The *Learning from Other Artist-Art Therapist-Activists* section provided examples of social action interventions that aim to empower marginalized communities through art therapy. These actions were not defined as feminist by the authors but did endorse the same goals of acknowledging and challenging inequity. This framework was also applied throughout my research project to acknowledge the stigma related to the field of art therapy more specifically, but that of artist and activist as well.

Conclusion

One of the factors that drew me to become an activist for LGBTQ people is my own experience with stigma as an artist and art therapist. I wanted to draw on these stigmatized identities to confront discrimination against myself and LGBTQ individuals. "What does the art therapist do when confronted with the poverty, violence, or despair in which her client is located? Typically, she offers art as a respite, a momentary pause in an awful reality" (Allen, 2007, p. 74). "She must accept the complete inadequacy of paint and clay to solve anything, and she must submit to paint and clay anyhow...Instead, she must be willing to be in the paradox that, on one hand, making art is ridiculously inadequate, and, on the other, making art in service to the pain of the world is necessary" (p. 75).

Through Allen's words I see reflected what has been missing from my art therapist identity. Allen beautifully reveals the strength of the image as an agent for social change. She expresses the need to go beyond the therapeutic setting and the need for activism in art therapy. Recognizing this complexity in my artist-art therapist-activist identity has led me to the paradox of holding different identities in different circumstances. This enlightenment has contributed to the recognition of qualities, tools, and stigma inherent in each identity, and their interconnectedness. This provided a new awareness about the role that each identity can play, and the importance of multiple stories. Inspired by Adichie (2009), this research expanded my role of art therapist, and enhanced my perspectives about minority communities, specifically LGBTQ experiences. Although it is a lifelong process, this research has given me "another eye and another and another and another and another..." to always remember the complexity and beauty inherent in each human being.

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